

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 07/932-883 FILING DATE
APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	/					
3	/		/			
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TOTAL IND.	3	↓	4	↓		
TOTAL DEP.	15	↓	12	↓		
TOTAL CLAIMS	18	↓	16	↓		

#	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↓		↓		↓		
TOTAL C. CLAIMS		↓		↓		↓		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS